

2018 IA Pre-Position Columbine Resources

Incident Action Plan



WEDNESDAY

06/06/2018

0700-2000

P2EK4R (0213)



INCIDENT OBJECTIVES	1. Incident Name		2. Date		3. Time	
	2018 IA Pre-Position		06/06/2018		0700-2000	
4. Operational Period						
5. General Control Objectives for the Incident (include alternatives) Maintain firefighter and public safety as the primary incident objective throughout all phases of incident implementation. Provide efficient organized initial attack response to wildfires Provide a presence on the forest to the public, help when needed with guidance on forest restrictions Values: Be careful, deliberate and patient Duty, Respect and Integrity Provide a harassment free and inclusive work environment for all						
6. Weather Forecast for Period Fire Weather Forecast will be printed morning of briefing and will be separate from the IAP						
7. General Safety Message REMEMBER your LCES. Be aware of traffic, animals, and bicyclists—drive defensively. See general safety message.						
8. Attachments (mark if attached)						
	Organization List - ICS 203	X	Unit Log-ICS 214	X	Columbine frequencies and CG's	
X	Div. Assignment Lists - ICS 204	X	Safety message	X	Demobilization date list	
	Weather Forecast-separate in morning	X	Patient assessment and transport categories	X	Check in/demob sheets	
X	Medical Plan - ICS 206			X	Unit Log ICS 214	
9. Prepared by M. Bradley						

DIVISION ASSIGNMENT LIST		1. Branch		2. CO SJF IA Task Force 1		
3. Incident Name: 2018 IA Pre-Position		4. Operational Period				
		Date: 6/6/2018		Time: 0700-2000		
5. Operations Personnel						
		Duty Officer		Chris Tipton (Div 8)		
				(303) 898-7128		
6. Resources Assigned This Period						
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needed	Drop Off PT/Time	Pick Up PT/Time	
TFLD/TFLD (T)	Rob Gubser (541) 823-2205 Cory Betz (509) 993-7445	2	No	0700	2000	
ENG4 420	Gene Nawrot (541) 219-2696		No	0700	2000	
ENG4 427	Darren Gunn (818) 312-4351		No	0700	2000	
ENG4 541	Jeff Wilson (541) 219-2696		No	0700	2000	
ENG4 3232	Shane Samio (541) 212-8681		No	0700	2000	
ENG6 626	Roy Hiett (541) 410-0272		No	0700	2000	
7. Control Operations Contact DO for ordering.						
8. Special Instructions All resources are expected to be self-sufficient for 24 hours.						
9. Division/Group Communication Summary						
Function	Frequency	System	Channel	Function	Frequency	System
Command	TX: RX:	King NIFC				King NIFC
Tactical Div/Group	TX: RX:	King NIFC				King NIFC
Air to Air	TX: RX:	King NIFC				
Prepared By (Operations)		Approved By (IC)		Date		Time

DIVISION ASSIGNMENT LIST			1. Branch		2. CO SJF IA Task Force 2		
3. Incident Name: 2018 IA Pre-Position			4. Operational Period Date: 06/06/2018 Time: 0700-2000				
5. Operations Personnel							
			Duty Officer		Chris Tipton (Div 8)		
					(303) 898-7128		
6. Resources Assigned This Period							
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Neede d	Drop Off PT/Time	Pick Up PT/Time		
TFLD/TFLD (T)	Joby Sciarrino (971) 240-7712 Menalie Leckenby (541) 792-0554	2	No	0700	2000		
ENG6 669	Tony Glover (509) 540-2072		No	0700	2000		
ENG6 664	James Smarr (541) 620-1026		No	0700	2000		
ENG6 643	Mike Maley (541) 910-0850		No	0700	2000		
ENG6 616	Chris Gorman (507) 269-2545		No	0700	2000		
ENG6 7262	Everett Baumeister (541) 519-5873		No	0700	2000		
7. Control Operations Initial Attack Strike Team prepositioned for Forest Support. Contact DO for ordering.							
8. Special Instructions All resources are expected to be self-sufficient for 24 hours.							
9. Division/Group Communication Summary							
Function	Frequency	System	Channel	Function	Frequency	System	
Command	RX: TX:	King NIFC		Command 2 Wilson	RX: TX:	King NIFC	
Tactical Div/Group	RX: TX:	King NIFC		Air to Ground A/G 7	RX: TX:	King NIFC	
Air to Air	RX:	King NIFC					
Prepared By		Approved By			Date	Time	

DIVISION ASSIGNMENT LIST			1. Branch		2. CO SJF IA Task Force 3		
3. Incident Name: 2018 IA Pre-Position			4. Operational Period Date: 06/06/2018 Time: 0700-2000				
5. Operations Personnel							
			Duty Officer		Chris Tipton (Div 8)		
					(303) 898-7128		
6. Resources Assigned This Period							
Strike Team/Task Force/ Resource Designator		Leader		Number Persons	Trans Needs	Drop Off PT/Time	Pick Up PT/Time
TFLD/TFLD (T)		Nate Christiansen (541) 390-4969 Scott Nielsen (970) 759-1092		2	No	0700	2000
ENG3 Brush 32		TBD		3	No	0700	2000
ENG3 Brush 62		Quito Justice (970) 799-1356		3	No	0700	2000
Engine 2409		Jake Miller (406) 546-5971		4	No	0700	2000
Tender 66 (Staged at Station 2)		TBD		1	No	0700	2000
Sequoia WFM		Aaron Woodyard (559) 789-4372		10	No	0700	2000
Devils Canyon Type 2 IA		Grif Cochran (307) 921-8356		20	No	0700	2000
7. Control Operations Patrol as assigned, coordinate operations thru TFLD. TFLD coordinate with Duty Officer.							
8. Special Instructions Patrol as assigned, modify fire restriction signs to reflect Stage 2 restrictions when necessary. All resources are expected to be self-sufficient for 24 hours.							
9. Division/Group Communication Summary							
Function	Frequency	System	Channel	Function	Frequency	System	
Command	RX: TX:	King NIFC		Command 2 Wilson	RX: TX:	King NIFC	
Tactical Div/Group	RX: TX:	King NIFC		Air to Ground A/G 7	RX: TX:	King NIFC	
Air to Air	RX:	King NIFC					
Prepared By		Approved By			Date		Time

ICS 204

NFES 1328

DIVISION ASSIGNMENT LIST			1. Branch		2. CO SJF IA Task Force 4		
3. Incident Name: 2018 IA Pre-Position			4. Operational Period Date: 06/06/2018 Time: 0700-2000				
5. Operations Personnel							
			Duty Officer		Chris Tipton (Div 8)		
					(303) 898-7128		
6. Resources Assigned This Period							
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needs	Drop Off PT/Time	Pick Up PT/Time		
TFLD/TFLD (T)	Jon Campbell (509)-570-8187 Bevin Protas (970) 316-1296	2	No	0700	2000		
Engine 611	Tony Glover (509) 540-2072	5	No	0700	2000		
Engine 682 w/ chase	James Smarr (541) 620-1026	3	No	0700	2000		
Tender 7 (Staged at DFR Station 1)	TBD	1	No	0700	2000		
Columbine WFM	Zac Petty (530) 949-8139	7	No	0700	2000		
Crew TBD scheduled to arrive 6/5	TBD						
7. Control Operations Patrol as assigned, coordinate operations thru TFLD. TFLD coordinate with Duty Officer.							
8. Special Instructions Patrol as assigned, modify fire restriction signs to reflect Stage 2 restrictions when necessary. All resources are expected to be self-sufficient for 24 hours.							
9. Division/Group Communication Summary							
Function	Frequency	System	Channel	Function	Frequency	System	
Command	RX: TX:	King NIFC		Command 2 Wilson	RX: TX:	King NIFC	
Tactical Div/Group	RX: TX:	King NIFC		Air to Ground A/G 7	RX: TX:	King NIFC	
Air to Air	RX:	King NIFC					
Prepared By		Approved By			Date	Time	

DIVISION ASSIGNMENT LIST			1. Branch		2. Overhead/Base Camp		
3. Incident Name: 2018 IA Pre-Position			4. Operational Period Date: 06/06/2018 Time: 0700-2000				
5. Operations Personnel							
		Duty Officer			Chris Tipton (Div 8)		
					(303) 898-7128		
6. Resources Assigned This Period							
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needs	Drop Off PT/Time	Pick Up PT/Time		
ICT3/DIVS/Alt Duty Officer	Hon Schlapfer (970) 903-3592	1	No	0700	2000		
Facilities/BCMG	Ed Freed (928) 607-2255	1	No	0700	2000		
DIVS/ICT3/FINV/Alt Duty Officer	Mike Bradley (907) 378-3881	1	No	0700	2000		
PSC3 (T)	Jess Brammer (970) 799-8993	1	No	0700	2000		
ICT4 (T)	David Hautamaki (970) 590-2621	1	No	0700	2000		
7. Control Operations							
8. Special Instructions							
9. Division/Group Communication Summary							
Function	Frequency	System	Channel	Function	Frequency	System	
Command	RX: TX:	King NIFC		Command 2 Wilson	RX: TX:	King NIFC	
Tactical Div/Group	RX: TX:	King NIFC		Air to Ground A/G 7	RX: TX:	King NIFC	
Air to Air	RX:	King NIFC					
Prepared By		Approved By			Date		Time

ICS 204

NFES 1328

Phone List:

Name	Position	Phone Number
Chris Tipton	Division 8	(303) 898-7128
Hon Schlapfer	Battalion 8-1	(970) 903-3592
Frank Stuckman	Captain 82	(970) 769-5276
Ron Gubser TF # 1	Task Force # 1	(541) 823-2205
Joby Sciarrino TF # 2	Task Force # 2	(971) 240-7712
Jon Campbell TF#4	Captain 8	(509) 570-8187
Nate Christiansen TF#3	Captain 62	(541) 390-4969
Allen Ottman	Captain 32	(970) 759-1092
Scott Nielsen TF(t) #3	Task Force Trainee	(541) 941-6130
Bevin Protas TF(t) #4	Task Force Trainee	(970) 316-1296
Ed Freed	Base Camp Manager/Logs	(928) 607-2255
Mike Bradley	ICT3/DIVS/Alt DO	(907) 378-3881
Mark Booker	TFLD/Patrol/SOFL	(760) 223-6580
David Hautamaki	ICT4 (T)	(970) 590-2621
Jess Brammer	PSC3 (T)	(970) 799-8993

**Contact DO for info on Tender 66 and Tender 7.

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 IA Pre-Position		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Upper Pine FD	Various	911/DRO Dispatch	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Durango Dispatch	Misc. Locations		<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Misc. Air Ambulance Serv.	Misc. Locations		<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Colorado National Guard	Misc. Locations		<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center <input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	Burn Center <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Helipad <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Air	Ground			
Mercy Regional	1010 Three Springs Blvd., DRO, CO	(970) 247-4211	15	45	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Air Care Med Heli	Farmington, NM	(800) 425-9990	30	n/a	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Flight for Life	Mercy Medical, DRO, CO	(800) 332-3132	15	n/a	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UofC Burn Ctr.	Denver, CO	(303) 372-0000	2hr	6+hr	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UNM Burn Ctr.	Albuquerque, NM	(505) 272-2721	2hr	6+hr	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures: Notify supervisor of injury utilizing IRPG and Dutch Creek Protocol. Crew supervisor will notify line supervisor to notify Duty Officer and Dispatch. Closest EMT respond as needed. Refer to supplemental Hoist and local medical protocols for evacuation needs.							
<input checked="" type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report					
FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY. FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
Use the following items to communicate situation to communications/dispatch.					
1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) <i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i>					
2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. <i>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."</i>					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>				
Nature of Injury or Illness & Mechanism of Injury			Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)		
Transport Request			Air Ambulance / Short Haul/Hoist Ground Ambulance / Other		
Patient Location			Descriptive Location & Lat. / Long. (WGS84)		
Incident Name			Geographic Name + "Medical" (Ex: Trout Meadow Medical)		
On-Scene Incident Commander			Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)		
Patient Care			Name of Care Provider (Ex: EMT Smith)		
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)					
Patient Assessment: See IRPG page 106					
Treatment:					
4. TRANSPORT PLAN: Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:					
Helispot / Extraction Site Size and Hazards:					
5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS: <i>Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication</i>					
6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.					
8. ADDITIONAL INFORMATION: Updates/Changes, etc.					
REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					

Trauma Assessment Categories

Level One	
Immediate lifesaving intervention required	Examples- Unstable airway, severe facial trauma with compromised airway, facial burns, suspected head injury with LOC > 5 min, positive MOI for spinal cord injury, cardiac injury, open chest wound, flail chest, pelvic trauma, multiple long bone fractures, penetrating trauma to the head/neck/ face, electrical injury, greater than 20% surface area burn combined with any other injury, multi system trauma, arterial bleeding, massive crush injury. Vitals –Systolic BP<100 (No peripheral pulse) or cardiac arrest, GCS< 8



Level Two	
Significant Injury with high risk of needing lifesaving intervention	Examples-Facial trauma with NO airway compromise, pelvic fractures with no shock, suspected pelvic fracture, multiple long bone fractures with no shock, known solid organ injury, amputation of distal extremities, open fractures, penetrating trauma with no arterial bleeding and stable vital signs, falls less than body height, GCS 9-13 with LOC< 5min



Level Three	
Patient with moderate risk of needing lifesaving intervention	Examples- Dehydration, possible bone fractures, heat related illnesses , abdominal pain, immobilized with no significant injury, LOC < 5 min, GCS 14-15, superficial soft tissue trauma



Level Four	
Patient with low risk of needing lifesaving intervention	Examples -General cold, minor lacerations, sprains, strains, flu like symptoms, severe blisters, poison ivy reaction, rash.



Level Five	
Patient with no risk of needing lifesaving intervention	Examples -Nuisance aches and pains, minor blisters, minor sunburns.

Patient Transport Categories

Level One	
Immediate lifesaving intervention required	Automatic launch-Flight for Life + Hoist Helicopter +Emergency Ground Response. RESPONSE CONTINUED UNTIL PATIENT TRANSPORTED



Level Two	
Significant Injury with high risk of needing lifesaving intervention	Automatic launch-Flight for Life + Emergency Ground Response Standby Hoist Helicopter RESPONSE CONTINUED UNTIL PATIENT TRANSPORTED



Level Three	
Patient with moderate risk of needing lifesaving intervention	Automatic launch -Emergency Ground Response Automatic Airborne Standby -Flight for life RESPONSE CONTINUED UNTIL PATIENT TRANSPORTED



Level Four	
Patient with low risk of needing lifesaving intervention	Automatic launch-NON emergency Ground Response Automatic Ground Standby-Flight for life



Level Five	
Patient with no risk of needing lifesaving intervention	Agency/Crew/Engine/Safety Officer Transport

INITIAL FIRE SIZE UP

🔧 Fire/IAR # _____ Fire Unit _____ Date/Time _____

FIRE NAME _____ CHARGE CODES _____

I.C.: _____ REPORTED SIZE /ACRES: _____

🔧 LAT: _____ LONG: _____

TWNSHP: _____ RNG: _____ SEC: _____

🔧 STRUCTURES THREATENED? ___ YES ___ NO # AND TYPE _____

🔧 SPREAD POTENTIAL

1) Low 2) Moderate 3) High 4) Extreme

🔧 CHARACTER OF FIRE

1) Smoldering 3) Running 5) Torching 7) Crown/Spotting
2) Creeping 4) Spotting 6) Crowning 8) Erratic

SLOPE AT ORIGIN/WHERE CURRENTLY BURNING

1) 0-25% 2) 26-40% 3) 41-55% 4) 55-75% 5) 76+%

ASPECT

0) Flat 2) NE 4) SE 6) SW 8) NW
1) North 3) East 5) South 7) West 9) Ridgetop

POSITION ON SLOPE

1) Ridgetop 4) Middle 1/3 slope 7) Valley Bottom
2) Saddle 5) Lower 1/3 slope 8) Mesa/Plateau
3) Upper 1/3 slope 6) Canyon bottom 9) Flat or rolling

🔧 FUEL TYPE

1) Grass 4) Pinyon/Juniper 7) Aspen
2) Grass/brush 5) Ponderosa pine 8) Logging/Thinning Slash
3) Oak brush 6) Spruce/fir 9) other (specify)

WEATHER CONDITIONS

1) Clear 4) T-Storms in area 7) Intermittent showers
2) Scattered clouds 5) Lightning 8) Heavy showers
3) Building cumulus 6) Overcast

WIND DIRECTION _____ SPEED _____ MPH _____

WIND DIR/TOPOGRAPHY: ___ Down Canyon ___ Up Canyon ___ Down Slope ___ Up Slope ___ Erratic

🔧 RESISTANCE TO CONTROL: ___ Low ___ Moderate ___ High ___ Extreme

ESTIMATED CONTAINMENT/CONTROL: _____

Channel/Repeater/Frequencies _____

Demob

Resource	Order Number	Demob Date
E 611	E-17	6/07
E 2409	E-18	6/07
E 3133	E-19	6/07
Sequoia WFM	O-43	6/08
Devils Canyon	C-3	6/09
TFLD Robert Gubser	E-1	6/14
TFLD (T) Corey Betz	E-1.2	6/14
E 3432	E-1.3	6/14
E 626	E-1.4	6/14
E 420	E-1.5	6/14
E 541	E-1.6	6/14
E 427	E-1.7	6/14
Justin Jenkins	0-9	6/15
Mike Bradley O-60		6/16
TFLD Joby Sciarrino		6/18
Menalie Leckenby		6/18
E 669	E-23	6/18
E 644		6/18
E 643	E-20	6/18
E 616	E-21	6/18
E 7262	E-22	6/18
Fishlake	C-9	6/18
Mark Booker		

GROUP/ZONE 5 – Columbine RD Fire						
<i>Channel</i>	<i>Abbreviation</i>	<i>Name</i>	<i>Rx (MHz)</i>	<i>Tx</i>	<i>Tx Tone</i>	<i>Signal</i>
1	TAC 1	DRC TAC 1	166.5625	166.5625	114.8	A
2	FIRETAC7	FIRETAC 7	169.2875	169.2875	146.2	A
3	VFIRE21	VFIRE21	154.2800	154.2800	156.7	A
4	WORK 2	WORK 2	168.6125	168.6125	156.7	A
5	FS E RPTR	FS EAST RPTR	169.9250	164.9375	123.0	A
6	FS W RPTR	FS WEST RPTR	171.5000	164.0000	136.5	A
7	SUA RPTR	SUA RPTRS	172.7500	166.9250	100.0 RX / 127.3 TX	A
8	BLM BASE	BLM BASE	171.1625	171.1625	131.8	A
9	DFRA	DFRA	154.4450	153.7700	151.4	A
10	UPIN	UPPER PINE FIRE	154.4150	153.9500	RX & TX D662	D
11	LOSP	LOS PINOS FIRE	154.0550	155.9550	RX & TX 131.8	A
12	FTLM	FORT LEWIS MESA	154.1750	154.3700	131.8 RX / 77.0 TX	A
13	A/G 7	A/G 7	166.8500	166.8500	107.2	A
14	A/G 9	A/G 9	166.9125	166.9125	192.8	A
15	CREW	CREW	---	---	103.5	A
16	AIR GRD	AIR GUARD	168.6250	168.6250	110.9	A
<i>*User Code Guard Enabled</i>						

Key to Code Guards for Columbine Fire Group 5					FS KNG Radio
<i>Channel</i>	<i>Abbreviation</i>	<i>Name</i>	<i>Tx Tone</i>	<i>Code Guard #</i>	<i>Picklist #</i>
5	F MSNY R	MISSIONARY	114.8	1	11
5	F GRSY R	GRASSY	146.2	2	5
5	F PRGN R	PARGIN	167.9	3	7
5	F DEVL R	DEVIL MTN	103.5	15	8
5	F KNBC R	KENNEBEC	123.0	5	2
5	F TKVL R	TUCKERVILLE	136.5	6	4
5	PORT EAST	EAST PORT	107.2	13	10
5	F OBRH R	OAKBRUSH	127.3	7	12
5	F KNDL R	KENDALL	131.8	8	3
5	F WFCK R	WOLFCREEK	151.4	9	14
6	F MCPH R	MCPHEE	110.9	16	1
6	PORT	WEST PORT	136.5	6	4
6	F BNMK R	BENCHMARK	123.0	5	2
6	F MNFE R	MENEFEE	131.8	8	3
7	S BTBR	SUA BRIDGE TIMBER	110.9	16	1
7	S SPCK R	SUA SPRING CREEK	151.4	9	14
8	BLM BASE	BLM BASE DURANGO	156.7	4	6

Lookouts Communications Escape Routes Safety Zones	Incident Columbine 2018 Preposition Operation Period: 06/06/2018				
	SAFETY MESSAGE				
<p style="text-align: center;"><u>Communication Responsibilities</u></p> <ul style="list-style-type: none">• Briefings – All resources require briefings, use the briefing checklist in the IRPG• Debrief Actions – Conduct AAR's to identify lessons learned• Communicate Hazards to others• Acknowledge Messages• Ask if you do not know – Ask questions in unfamiliar situation <p style="text-align: center;"><i>MAJOR HAZARDS AND RISKS</i></p> <table border="1"><tr><td>STEEP TERRAIN FATIGUE RAPID FIRE GROWTH</td><td>ROLLING MATERIAL DEHYDRATION WIND</td><td>DRIVING SNAGS COMPLACENCY</td></tr></table> <p style="text-align: center;"><i>Be sure all elements of your safety plan are in place prior to engagement</i></p>			STEEP TERRAIN FATIGUE RAPID FIRE GROWTH	ROLLING MATERIAL DEHYDRATION WIND	DRIVING SNAGS COMPLACENCY
STEEP TERRAIN FATIGUE RAPID FIRE GROWTH	ROLLING MATERIAL DEHYDRATION WIND	DRIVING SNAGS COMPLACENCY			
<p style="text-align: center;">Radio Communication</p> <ul style="list-style-type: none">• Short and concise• Think before speaking• Push to talk not to think• Hold radio near face to TX• Know your radio• Scans and Priorities ect• Have extra batteries		<p style="text-align: center;">After Action Reviews</p> <ul style="list-style-type: none">• What was planned• What actually happened• Why did it happen• What can we do next time <p>➤ The is no blame or who</p> <p>➤ Everyone has value</p>			
SOF2(T) M. Bradley					

OVERHEAD CHECK IN / DEMOB SHEET

SCKN _____
ISUITE _____

RED CARD _____
DMOB _____

Request # O- _____ Last Name _____ First Name _____

Agency: USFS - AD BLM - AD NPS BIA STATE CITY COUNTY OTHER _____
(Circle One)

Date Arrived ____/____/____ Time _____ Travel Start Date ____/____/____ 1st Day Worked ____/____/____

Coming from another fire? ☐ Y / ☐ N If yes, Fire Name & 14 Day Start Date _____

Kind/Position _____ Phone Number (optional) _____

Training Needs? _____ Do you have an initiated task book with you? ☐ Y / ☐ N

Other quals willing to perform on this assignment _____

Home Unit _____ (I.e. UT-USO, UT-NUC) Home City & State _____

(Tip: Where you go when you aren't fighting fire)

Available for Reassignment? ☐ Y / ☐ N If yes, last day off from fighting Fire? _____

Home Jetport _____ (3 letter designator if you know it; I.e. SLC is Salt Lake International)

Travel Method (Circle) GOV POV *AIR *RENTAL BUS PASSENGER w/ _____

E # for Vehicle? _____ *which Agency/Airport did you rent car from? _____

*Return Air Ticket Needed? ☐ Y / ☐ N *Will you need a ride to the Airport? ☐ Y / ☐ N

****Do Not fill in box below unless you need a return flight!!!**

**Date of Birth ____/____/____ ** Legal Name on ID if different than above:
**Male/Female (circle one)

STOP HERE; BOTTOM SECTION TO BE FILLED OUT UPON DEMOB

DEMOB SECTION

Demob Date/Time (EST) _____ (Actual) _____

Transportation Type _____

Date/Destination/Time/ETA _____

DISPATCH NOTIFIED OF DESTINATION DATE AND TIME ETA YES/NO DATE/TIME _____

DEMOB SIGN-OFF LIST

____ SUPPLY UNIT _____
____ FACILITIES _____
____ COMMUNICATIONS _____
____ GROUND SUPPORT _____

____ SECURITY _____
____ TRAINING _____
____ TIME/FINANCE _____
____ DMOB _____ (Last)

EQUIPMENT CHECK IN / DEMOB SHEET

SCKN _____
ISUITE _____
DMOB _____

RED CARD _____
MANIFEST _____

Request # E- _____ Equipment Name/Number _____ Equipment Type _____
(I.e. John & Sons Potable Water # 54, T&M Ranch Pickup w/Driver) (I.e. Water Tender - tactical or support, BUS, PU-Pickup, REN-Rental)

Agency (Circle One) USFS BLM NPS BIA STATE CITY COUNTY CONTRACTOR OTHER _____

Date Arrived ____/____/____ Time _____ Travel Start Date ____/____/____ 1st Day Worked ____/____/____

Coming from another fire? ☐ Y / ☐ N If yes, Fire Name & 14 Day Start Date _____

Engine Boss/Leader _____ Phone Number _____

Number of Personnel _____ Additional Personnel Names _____

(Staying w/this equipment)

Home Unit _____

(I.e. UT-USO, or dispatch unit if Contractor)

Home City & State _____

(Tip: Where you go when you aren't fighting fire)

Travel Method (Circle One) GOV CONTRACTOR *BUS RENTAL Vehicle ID _____

*If Crew Bus, which Crew/Name & #: _____ *Staying with Crew? ☐ Y / ☐ N

Available for Reassignment? ☐ Y / ☐ N If yes, personnel's last day off from fighting Fire? _____

DEMOB SECTION

Demob Date/Time (EST) _____ (Actual) _____

Transportation Type _____

Date/Destination/Time/ETA _____

Expanded Dispatch Notified of Destination Date/Time ETA YES NO Date/Time _____

DEMOB SIGN-OFF LIST

____ SUPPLY UNIT _____

____ FACILITIES _____

____ COMMUNICATIONS _____

____ GROUND SUPPORT _____

____ TIME/FINANCE _____

____ DMOB _____ (Last)

CREW CHECK IN / DEMOB SHEET

SCKN _____
ISUITE _____
DMOB _____

RED CARD _____
MANIFEST _____

Request C# - _____ CREW Name _____ CREW Type _____

Agency (Circle One) USFS BLM NPS BIA STATE CITY COUNTY CONTRACTOR
OTHER _____

Date Arrived ____/____/____ Time ____ Travel Start Date ____/____/____ 1st Day Worked ____/____/____

Coming from another fire? ☐ Y / ☐ N If yes, Fire Name _____ & 14 Day Start Date _____

Crew Leader _____ Phone Number _____

Number of Personnel _____ Crew Members/Position (*Please list on back of form or attach manifest*)

EMT'S With Crew? ☐ Y / ☐ N Medical Equipment with you? Type _____

Home Unit _____
(I.e. UT-USO, or dispatch unit if Contractor)

Home City & State _____
(Tip: Where you go when you aren't fighting fire)

*Jetport _____ Travel Method (Circle One) GOV CONTRACT AIR BUS/E # _____
(*Need Jetport in case emergency travel arrangements are needed)

Type of Vehicles _____ Vehicle ID _____

Any Crew Training Needs? (Only if initiated task book with) _____

Available for Reassignment? ☐ Y / ☐ N If yes, last day off from fighting Fire? _____

DEMOB SECTION

Demob Date/Time (EST) _____ (Actual) _____

Transportation Type _____

Date/Destination/Time/ETA _____

Expanded Dispatch Notified of Destination Date/Time ETA YES NO

Date/Time _____

DEMOB SIGN-OFF LIST

____ SUPPLY UNIT _____
____ FACILITIES _____
____ COMMUNICATIONS _____
____ GROUND SUPPORT _____

____ SECURITY _____
____ TRAINING _____
____ TIME/FINANCE _____
____ DMOB _____ (Last)

ACTIVITY LOG (ICS 214)

[illegible]